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ALBERTA'S HEALTH SYSTEM
Some Performance Indicators

November, 2000

www.health.gov.ab.ca

Albertans have said they want better access to needed health services and more and better information about how well the health system is performing, both locally and province-wide.

In response to the concerns about access, the provincial government has provided extra funding to help health authorities and health care providers improve access to key services. And the results achieved with that extra funding will be monitored to determine whether access is improving.

This report responds to Albertans' interest in receiving more information about access to health services in the province. Some information is available to tell whether or not access is improving, such as the number of people waiting for various services. More information on access, such as waiting times, is now being collected and will be included in future reports.

This report also includes information about how "healthy" Albertans feel and the main reasons why they become ill or die. Overall, it shows some areas where Alberta's health system is doing well and where improvement is still needed.

For those who want to know more about the areas covered in this report, sources of further information are listed on the last page. More detailed information on access to services will be updated each quarter and published on the Alberta Health and Wellness website.

Alberta Health and Wellness will continue to report regularly on health system performance in these and other areas of interest to the public.

Alberta Health and Wellness surveys Albertans every year on their self-reported health. This is an important indicator of the health of Albertans, and of how well the health system is working to keep them healthy.

Results

The majority of Albertans report that they are healthy. Compared to others their age, 66 per cent of people aged 18 – 64 report their health as very good or excellent, and 79 per cent of people 65 and over report their health as good, very good, or excellent.

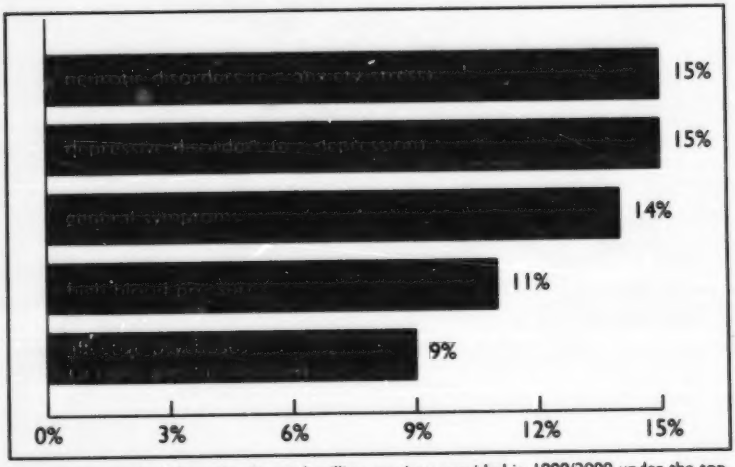
There are some differences among Albertans in self-reported health. For example, those in northern Alberta report themselves as less healthy than those in southern areas.

Self-Reported Health	1996 %	1997 %	1998 %	1999 %	2000 %
Age 18 - 64 (% reporting "very good" or "excellent" health)	68	65	67	67	66
Age 65 and older (% reporting "good", "very good" or "excellent" health)	74	75	71	78	79

MOST COMMON DOCTOR SERVICES AND MOST COMMON CAUSES OF DEATH

Alberta Health and Wellness tracks trends in doctor services and in the causes of death in Alberta. This information helps to identify priority areas of attention for the health system.

Top Five Reasons for Doctor Services (1999/2000)



Percentages are based on the almost 6 million services provided in 1999/2000 under the top ten diagnostic codes.

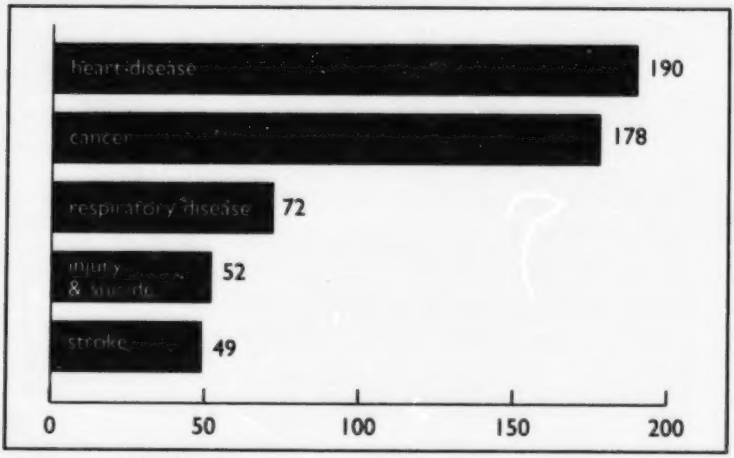
Results

For the past five years, mental illnesses, including anxiety, stress and depression have been the most common doctor services. These are often chronic illnesses, requiring more than one visit to a doctor. General symptoms, the third major service area, includes symptoms such as chills, fever, sleep disturbance, fatigue, dizziness and other symptoms for

which the cause is not determined. Fourth and fifth on the list are services for high blood pressure and affective psychoses - serious mental illnesses involving disturbances of thought and mood. Other common doctor services include general medical exams and services for respiratory symptoms and infections.

Since 1991, the top two causes of death for Albertans have been heart disease and cancer. Over the past seven years, respiratory diseases have become the third cause of death, and stroke has dropped from third to fifth place.

Top Five Causes of Death in Alberta 1998



Number per 100,000 Albertans

SMOKING

Smoking is an important underlying cause of illness and premature death. In 1997, approximately one in five deaths in Alberta was attributable to smoking. Smoking increases the risk for cancers of the lung, mouth, throat, bladder, esophagus, kidney, pancreas and cervix. Smoking accounts for almost 30 per cent of all cancer deaths.

Smokers also have a two to four times greater risk for heart attacks and sudden death from coronary heart disease than non-smokers. In addition, smoking can cause a number of diseases that permanently damage smokers' lungs and airways.

Results

About 27 per cent of Albertans aged 15 years and over smoke, compared to the Canadian average of 25 per cent (Canadian Tobacco Use Monitoring Survey, Wave 1, 1999). Alberta's rate is higher than British Columbia's, where 20 per cent of the population smoke.

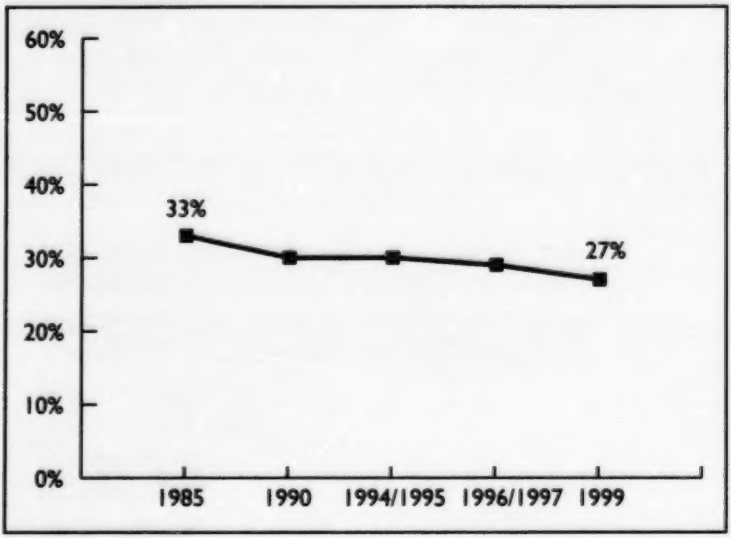
While smoking rates in general appear to be dropping in this country, smoking among young people appears to have risen since 1991. About 25 per cent of Alberta teens aged 15 to 19 are smokers. Alberta and Ontario have the second lowest youth smoking rate (Health Canada, 1999).

What is Being Done

The Alberta Tobacco Reduction Alliance (ATRA) links resources and people to reduce tobacco use. Established in October 1998 with funding from the Alberta Government

and others, ATRA has 91 member organizations, including Alberta Health and Wellness and regional health authorities. ATRA works with schools, businesses, governments and health agencies to raise awareness and build support for tobacco reduction.

% of Albertans Age 15 and Over who Smoke



Data across the years represent different surveys, methods, and sample sizes; comparisons should be made with care.

Albertans' overall access to physician services is an important measure of how well the health system is able to meet patient needs. In the Alberta Health and Wellness survey, Albertans are asked how long it took them to see their family physician. Another indicator of access is the extent to which Albertans obtain the services of general practitioners in their home region.

Results

In 1999/2000 there were 4,641 physicians providing services to Albertans through the Alberta Health Care Insurance Plan. This is a ratio of 1.59 physicians per 1,000 population. About 57 per cent are general (family) physicians and 43 per cent are specialists. The number of physicians working in Alberta has increased by 354 since 1995/1996.

About 96% of general practitioner services to Edmonton and Calgary residents are obtained by these individuals in their home regions. In other regions, about 84 per cent of such services are obtained by residents in their home regions. Many residents of regions near Edmonton and Calgary choose to obtain physician services in these cities.

Nearly 80 per cent of Albertans surveyed reported seeing their family physician within one week of making an appointment. (Alberta Health and Wellness, 2000) The survey results also show that it usually takes much longer to see a specialist physician. These results have not changed over the past two years.

There were no differences in reported waiting times for physician services by Albertans who live in rural compared with urban regions.

Number of Physicians in Alberta (total and per 1,000 Albertans)

	1993/ 1996	1996/ 1997	1997/ 1998	1998/ 1999	1999/ 2000
Physicians per 1,000 Albertans	1.56	1.52	1.50	1.52	1.59
Number of physicians	4,287	4,228	4,268	4,442	4,641

Waiting to see a Family Physician or Specialist

2000 Health Survey	Same day	Less than one week	1-2 weeks	2 weeks - 1 month	1 month or longer
Family physician	37%	42%	12%	6%	3%
Specialist physician	12%	16%	14%	18%	40%

What is Being Done

In cooperation with the Alberta Medical Association, the College of Physicians and Surgeons, medical schools and health authorities, Alberta Health and Wellness is completing a comprehensive Physician Resource Plan for Alberta. This plan will provide advice and direction to help ensure that Albertans have appropriate access to physician services.

ALBERTANS' RATINGS OF ACCESS

How easy or difficult it is to obtain necessary health services is a key indicator of the quality of our health system. During the annual Alberta Health and Wellness Survey, Albertans are asked to rate how easy or difficult it is for them to obtain the health services they need.

Results

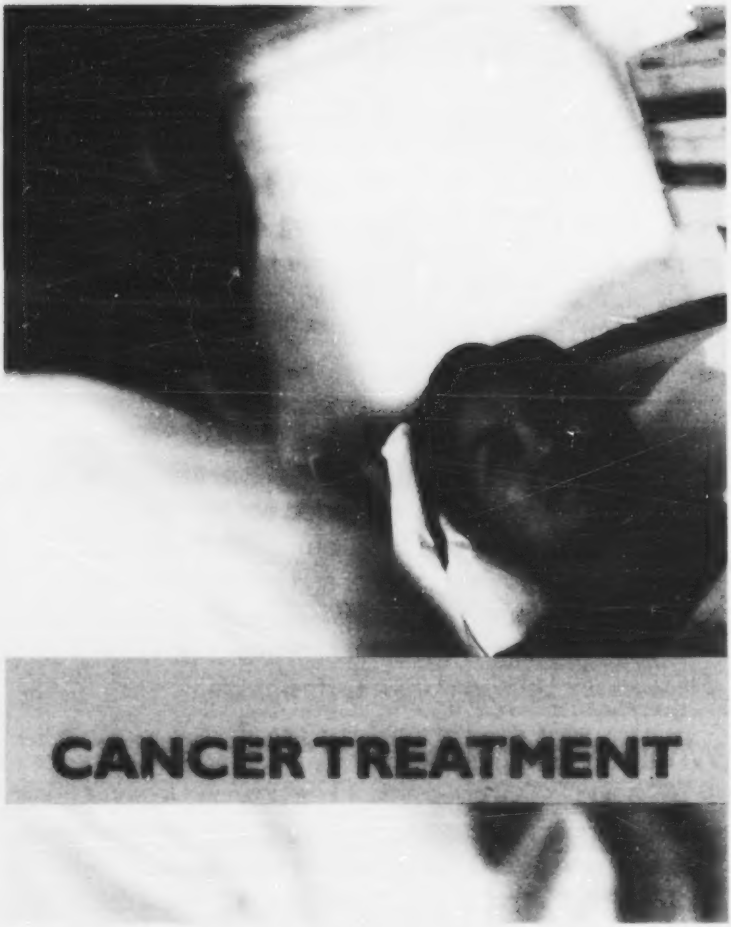
Since 1996, more Albertans have reported increasing difficulty in getting access to needed services. Albertans who report that access is difficult most often say that the services of general practitioners and medical specialists are difficult to obtain. Reasons given for access difficulties include long waits, services not available at convenient times, and not enough health professionals.

What is Being Done

In 1999 and 2000, government has provided regional health authorities with additional funding to improve access to health services, including increasing service levels and hiring front-line staff. Programs such as the Rural Physician Action Plan have been put into place to recruit and retain physicians in rural areas.

Ratings of Ease of Access to Health Services

	1996	1997	1998	1999	2000
Percent rating access "very easy" or "easy"	76	74	73	73	64



CANCER TREATMENT

In recent years, the number of cancer cases has increased as a result of a growing and aging population and success in extending the lives of people living with cancer. There has also been a national shortage of specialized cancer treatment staff. These factors have made it difficult to provide timely access to certain treatment services.

Results

Some cancer types require treatment more urgently than others. For most cancer types, waiting times to see cancer specialists (oncologists) are two to five weeks from the time

of referral. In the case of cancers of the genito-urinary tract (e.g. prostate cancer), waiting times to see radiation oncologists are six weeks at the Tom Baker Cancer Centre and eleven weeks at the Cross Cancer Institute. Urgent cases wait one week or less on average for radiation treatment. Average waiting times for chemotherapy are on target at one week.

In the past year, waiting times for access to radiation treatment have been higher than desirable for breast and prostate cancer treatment at the Cross Cancer Institute. In the past few months, waiting times for breast and prostate cancer radiation treatment have decreased significantly and are now at target levels of 4 weeks or less.

What is Being Done

In 2000/01, the provincial government provided additional funding to the Alberta Cancer Board for cancer treatment services. This has enabled the Alberta Cancer Board to hire additional radiation therapists. In addition, the Alberta Cancer Board is taking steps to recruit additional oncologists.

Average Waiting Time (in weeks) for Cancer Treatment

Radiation Treatment - breast/prostate				
• Cross Cancer Institute (Edmonton)	11 weeks	9 weeks	4 weeks	4 weeks
• Tom Baker Cancer Centre (Calgary)	4 to 4.5 weeks	5 weeks	3.5 to 4 weeks	4 weeks
- most other tumours	2 to 3.5 weeks	2 to 4 weeks	1.5 to 3 weeks	2 to 4 weeks
Chemotherapy	1 week	1 week	1 week	1 week

Note: For radiation and chemotherapy treatment, waiting time is from prescription to first treatment.

The most common open-heart surgery in adults is the coronary artery bypass procedure. This is done to improve blood flow to the heart muscle, and is usually performed on middle aged or older adults when their arteries have become blocked. The surgery can improve the quality of life for these people. It is a specialized service provided only by Capital (Edmonton) and Calgary regional health authorities for all Albertans.

In recent years, as the population has aged, the number of people who require this surgery has increased. A lack of hospital beds and a lack of qualified staff has sometimes resulted in longer waiting times for this surgery.

Results

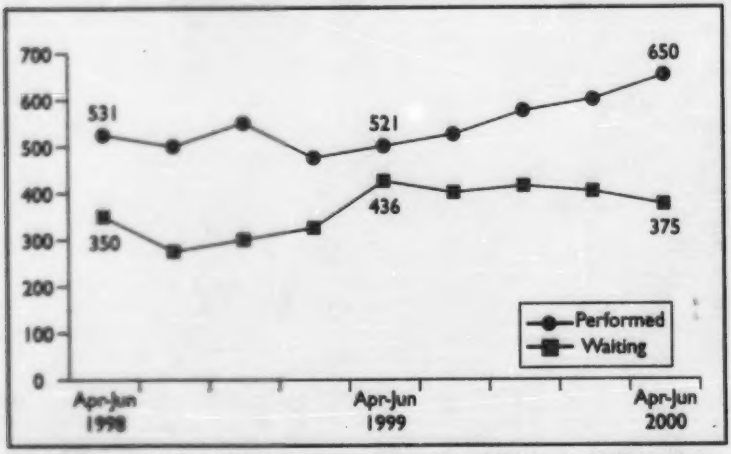
Over the past year, the total number of adult open heart surgeries increased 25 per cent, while the waiting list decreased by 14 per cent.

Capital and Calgary health authorities are monitoring performance against waiting time targets for different urgency categories. While very urgent cases continue to receive surgery within hours, waiting times for less urgent patients are longer than the target times that have been set.

What is Being Done

The provincial government provided additional funding in 1999 and 2000 to improve access to heart surgery. In addition to opening more beds, the Capital and Calgary health authorities are taking other approaches to enhance service levels, such as recruiting and training additional cardiac care staff. With initiatives such as this, it is expected that access to open heart surgery will improve further.

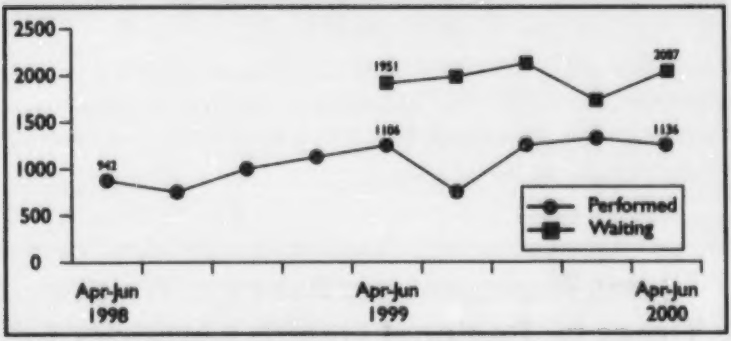
Adult Open Heart Surgeries Performed and Number of Patients on Waiting List



Note: Detailed waiting time data by urgency category are available at www.health.gov.ab.ca.

Hip and knee replacement surgeries replace diseased or injured parts of the hip and knee joint with artificial parts. Such surgeries can significantly improve the mobility of the individual and relieve pain. Most patients receiving this surgery are middle aged or older Albertans who have advanced arthritis that severely restricts their ability to carry on with normal living.

Number of Joint Replacements Performed and Albertans Waiting for Joint Replacements



1998/1999 provincial data on the number of persons waiting are not presented above, as two regions were unable to report this information.

With an aging population, the demand for hip and knee replacements has increased. At the same time, surgical procedures and artificial joints have greatly improved, making surgery much safer and more effective. Together, this has meant a higher growth rate in the demand for these procedures than for many other types of surgery.

In Alberta, hip and knee replacement surgery is currently performed in Edmonton, Calgary, Medicine Hat, Red Deer, Lethbridge, Grande Prairie and Camrose.

Results

The number of joint replacement operations has increased in all the regions that provide this service. The increased volume of surgeries performed in the last three months of 1999 resulted in a decrease in the number of people waiting for surgery in the first part of 2000. However, the number of people waiting had increased again by June 2000.

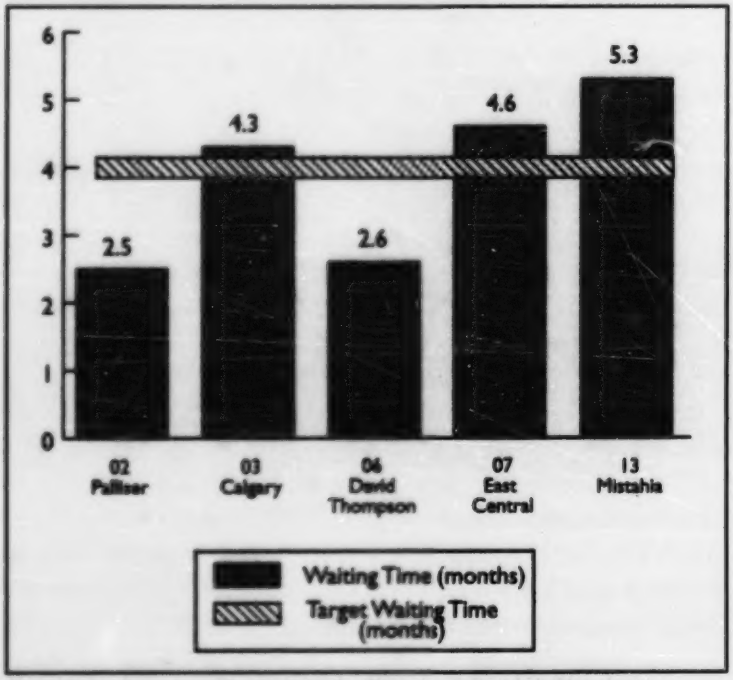
A provincial target of four months average waiting time for joint replacement was set in Spring 2000. Five of the seven

regions that perform this surgery have already begun to provide waiting time data to monitor progress toward this target.

What is Being Done

To respond to the continuing increase in demand, additional funding has been made available to regional health authorities to increase the number of hip and knee replacement surgeries. Reductions in waiting lists and waiting times are expected to follow as a result of additional surgeries being performed.

Joint Replacement: Average Waiting Times by Regional Health Authority for April to June 2000



Note: Joint replacement waiting time data for Chinook and Capital Health authorities are not yet available.

WAITING IN EMERGENCY FOR AN INPATIENT BED

When Albertans arrive in hospital emergency wards with an injury or illness, they can often be treated and released. But sometimes it is necessary to admit a patient to a hospital acute care bed. If the hospital is full, and no beds are free, the patient is treated in the emergency ward until a hospital bed becomes available. If the emergency ward then becomes over-crowded, it may be necessary to divert ambulances to other hospitals.

Ideally, the time a patient spends in an emergency ward while waiting for a hospital bed is very short. In some instances and during certain seasons of the year, waiting times can increase. This is especially true in large urban hospitals during the winter when the flu season causes increased visits to emergency wards and increased admissions to hospital beds.

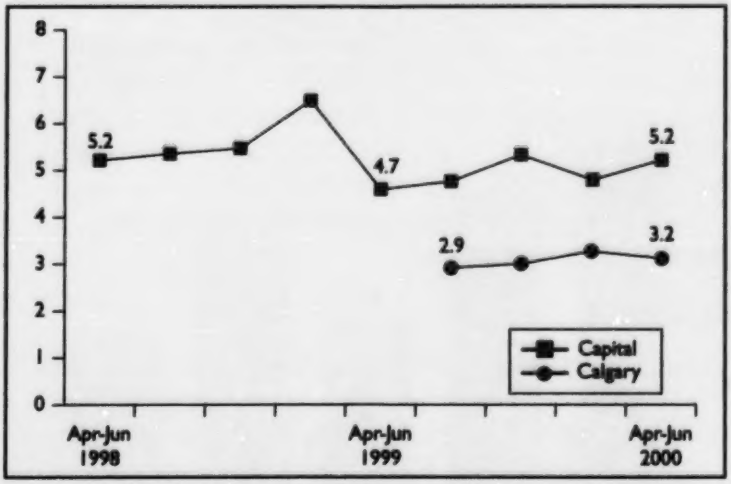
Results

Currently, only Calgary and Capital health authorities report this information quarterly, and only Capital Health Authority has been collecting information long enough to measure progress. Capital Health average waiting times for an inpatient bed, as well as the percentage of patients waiting longer than 24 hours, have been reduced somewhat over the past year. Longer average waiting times occur during winter months because of the flu season.

What is Being Done

Additional funding has been provided to health authorities to improve access to hospital beds and increase the number of long-term care beds. This should further reduce waiting times in 2000/2001. Regional health authorities are also taking steps such as large-scale flu vaccinations for seniors to help reduce the demand on emergency wards and hospital beds during peak seasons.

Average Number of Hours Patients Waited in Hospital Emergency Department for an Inpatient Bed



Calgary Regional Health Authority did not begin collecting this data until July-Sept. 1999.

Magnetic resonance imaging (MRI) is a diagnostic procedure that provides high-resolution pictures of parts of the body. It is used to detect tumors, strokes, degenerative diseases, and other medical conditions.MRI is a relatively new medical tool and the types of conditions that can be diagnosed by its use are increasing rapidly. Demand for MRIs is also growing quickly.

MRI technology is expensive. Besides the cost of the MRI machine, special facilities are needed to house the equipment, and specially trained staff are required. Publicly funded MRIs are available in Calgary, Edmonton, Lethbridge, and Red Deer.

Results

MRI capacity in Alberta's public health system has grown substantially over the last three to four years, but has not been able to keep pace with the increase in demand. As a result, waiting lists have grown.

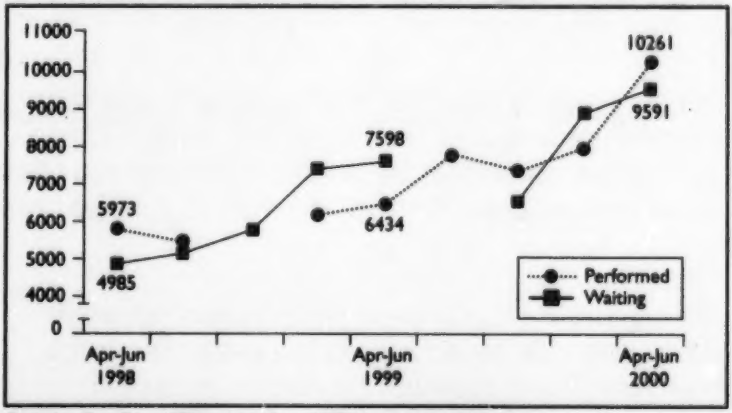
The number of MRIs performed has increased by 72 per cent over the last two years. MRI demand has grown at a still faster rate. There has been a 92 per cent increase in the number of people waiting for a public MRI in June 2000 compared with June 1998.

Whenever MRI waiting lists grow at a faster rate than the number of MRIs performed, patients will wait longer for this service. Increased waiting times for non-urgent cases have been reported by some regional health authorities. Patients in the most urgent category receive MRI within 48 hours.

What is Being Done

Additional MRI machines in Edmonton, Calgary, Medicine Hat and Grande Prairie, and a full year of operation of new machines in Lethbridge and Red Deer, are expected to reduce the number of people waiting, and the average waiting time, this year. As well, progress to recruit and train additional technicians will help improve access to MRI services. Data on waiting times is now being collected, and these results will be included in future performance reports.

Number of MRIs Performed and Number of Albertans Waiting for an MRI



Excludes Oct.-Dec. 1998 and July-Sept. 1999 due to incomplete data.

CONTINUING CARE

Continuing care provides individuals who have health conditions or disabilities with a range of services they need to remain as independent as possible and maximize quality living. These services may include nursing services, other professional services, home making services, and social support, and can be provided for a short term or a long term.

Continuing care services are provided to Albertans in many different locations, including in their homes, supportive living settings (e.g., lodges, assisted living units, and group homes), and traditional long-term care facilities (e.g., nursing homes and auxiliary hospitals).

Demand for continuing care services is increasing as a result of Alberta's growing and aging population. Existing long-term care facilities are also aging, and some of the newer options for delivering continuing care services in supportive living settings are not yet in place.

Regional health authorities track the number of people waiting for a traditional long-term care bed as well as the number who receive a placement. Currently, there is no consistent collection of information across the province on waiting lists for home care or supportive living services.

LONG TERM CARE

The highest priorities for long-term care beds are patients in hospitals waiting for a place in a long-term care facility and those people in the community who need more support than home care and other community services can provide.

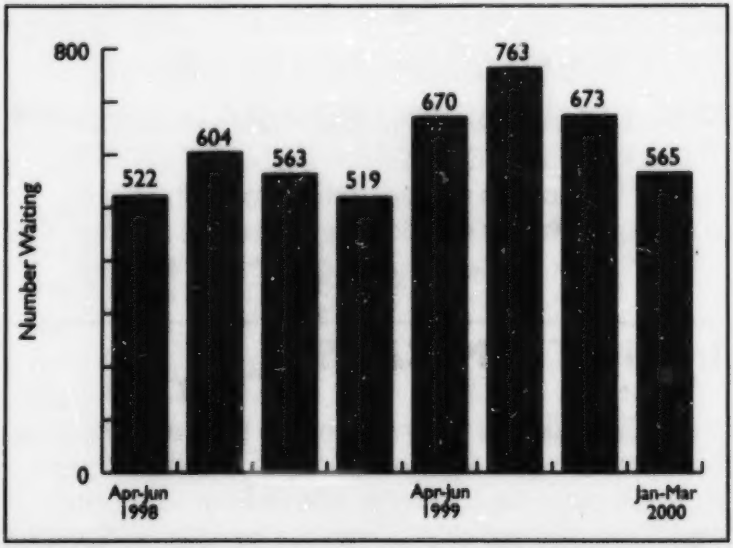
Results

There was an increase in the number of individuals classified as highest priority who were waiting for a long-term care bed in 1999/2000 compared to the previous year.

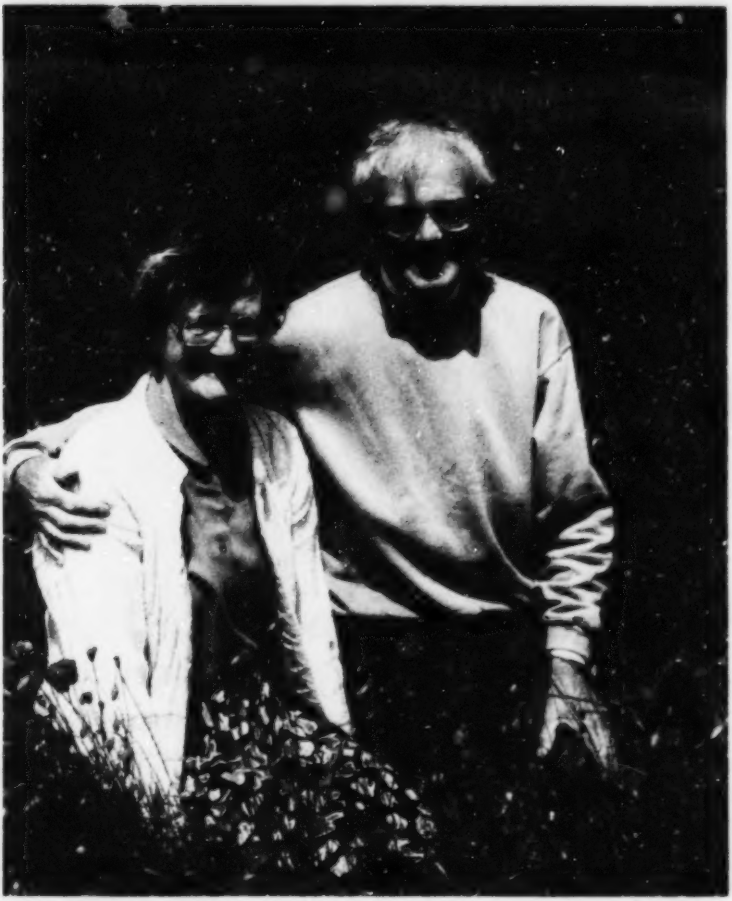
What is Being Done

The provincial government has provided additional funding to expand continuing care services. Funding has been allocated to enhance services in clients' homes and other supportive living settings, to subsidize the development of new supportive living spaces, and to build new long-term care facilities and renovate existing facilities. As new supportive living options are developed, and as more long-term care beds become available, a drop in the waiting list for long-term care beds is expected.

Number of Individuals Classified as Highest Priority who are Waiting for a Long Term Care Bed (13 Alberta Health Regions)



Graph excludes Aspen, Keeweetinok Lakes, Northwestern, and Peace health regions.



HOME CARE

The need for a bed in a long-term care facility can sometimes be avoided or delayed through increased levels of support for people in their homes. Long-term home care programs provide both health services and assistance with day-to-day living to help Albertans remain in their own homes and communities.

In addition to long-term home care, short-term home care and palliative home care are also being provided to more

and more Albertans. Such programs allow people to receive some services in their homes that in the past were available only in acute care hospitals.

Results

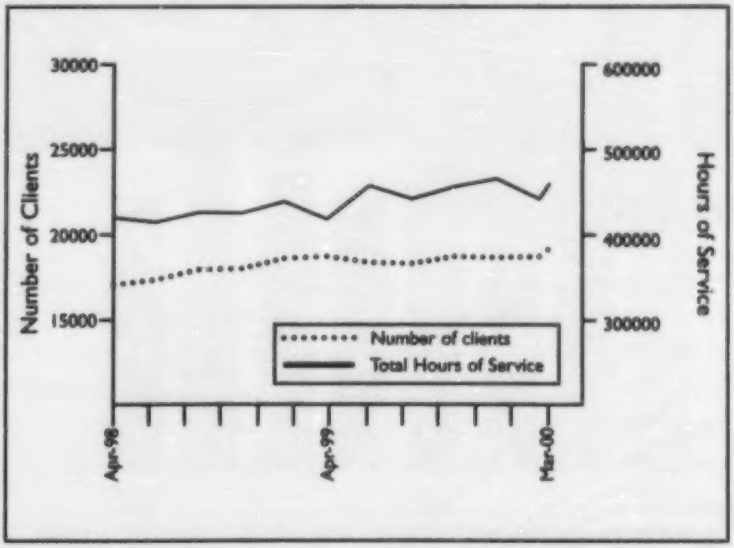
The number of long-term home care clients has increased 6 per cent since April of 1998, while the total hours of monthly home care services to these clients has increased 19 per cent.

For all types of home care, there has been a 41 per cent increase in the number of direct home care service hours per 1,000 population over the past 5 years.

What is Being Done

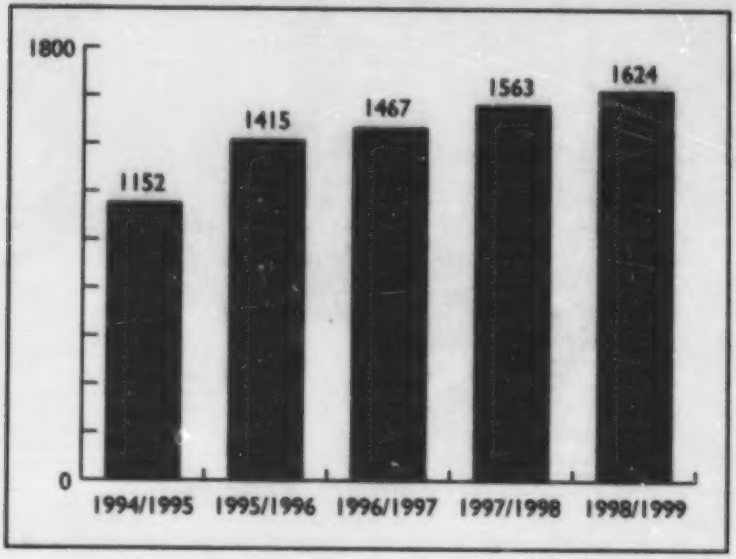
Government has provided additional funding to regional health authorities to increase regional home care services.

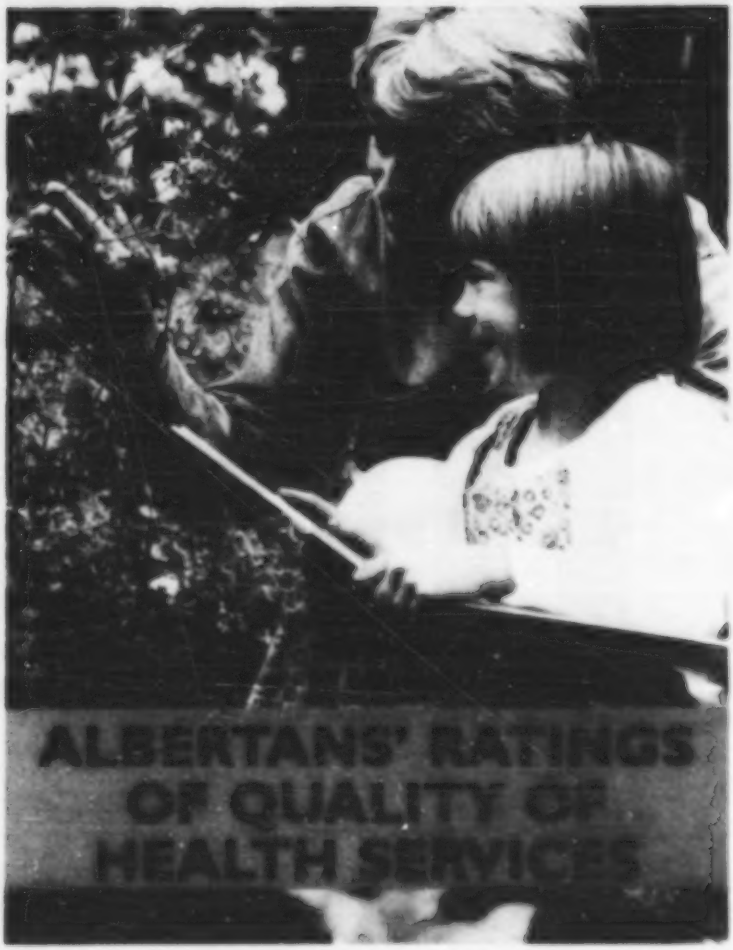
Average Number of Long Term Home Care Clients per Month and Total Hours of Service Per Month (13 Regions)



Graph excludes Aspen, Keewestinok Lakes, Northwestern, and Peace health regions.

Direct Home Care Service Hours per 1,000 Population





Albertans' ratings of the quality and effect of the care they receive is one measure of how well the health system is working. The annual Alberta Health and Wellness Survey asks Albertans about the quality and results of care they have received over the past year.

Results

Generally, Albertans who receive health services report good to excellent service quality, and report that these services have improved their health.

Ratings of Quality of Care and Effect of Care on Health

Overall Quality of Care Personally Received (% good or excellent)	86	86	78	86
Overall Effect of Care on Health (% good or excellent)	83	84	83	85
Quality of Care Received from a Physician (% good or excellent)	***	***	89	90
Effect of Physician Care on Health (% good or excellent)	***	***	86	86
Quality of Care Received in Hospital (% good or excellent)	***	81	74	83
Effect of Hospital Care on Health (% good or excellent)	***	86	83	84

*** Question was not asked.

A variety of information about the delivery of services in specific areas is available by contacting regional health authorities, the Alberta Cancer Board and the Alberta Mental Health Board. Complete contact information for these health authorities is included in:

- "Who is Accountable in Health"
  www.health.gov.ab.ca/public/document/acct.pdf

Technical Notes supporting the data in this report are available online at
www.health.gov.ab.ca/public/document/perfreprtnts.pdf

Alberta Health and Wellness collects and publishes a variety of information that supports understanding the health needs of Albertans and planning for the future. These reports are available on-line on the Alberta Health and Wellness website: www.health.gov.ab.ca, or free of charge by calling the Communications Branch at (780) 427-7164.

- A Report on the Health of Albertans: Looking Through a Wider Lens
  www.health.gov.ab.ca/public/document/albertans/Abhealth.pdf

- Alberta Ministry of Health and Wellness Annual Report
  www.health.gov.ab.ca/public/document/ar99-00/index.html

- Alberta Ministry of Health and Wellness – Health Care Insurance Plan Statistics Supplement
  www.health.gov.ab.ca/public/document/ssup98-99/index.html

- Annual Alberta Health and Wellness Survey Report
  www.health.gov.ab.ca/public/document/survey2000.pdf

- Province Wide Services Annual Report on Activities and Outcomes

REQUESTS FOR COMMENTS

Comments on this report are welcome. They will be used to help assess how well it meets your needs and to improve future reports. Please complete this feedback sheet or send your comments to:

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For each question, please place an X beside the *most appropriate response.*

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☐ Other, please specify

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A. Length	☐ Too short	☐ About right	☐ Too long	
B. Clarity/Readability	☐ Excellent	☐ Good	☐ Fair	☐ Poor
C. Organization/Format	☐ Excellent	☐ Good	☐ Fair	☐ Poor
D. Use of figures	☐ Excellent	☐ Good	☐ Fair	☐ Poor
E. Overall	☐ Excellent	☐ Good	☐ Fair	☐ Poor

3. How would you improve this report? What suggestions do you have for future reports?